

LOB (Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT 30 P4:01

For Lobbying Reporting Peri		ast day of February March 1 - April 30	May 1- December 37	
LOBBYIST INFORMATIC LOVIT	ON	Angela	J	
Last Name First Name			M.I.	
egal Aid Society o	of Hawaii	, not realis		
obbyist Firm/Employer	71 11444411			
924 Bethel St.				
Mailing Address (Number	and Street or P.O. Bo		00040	
Honolulu		HI	96813	
City		State	Zip Code	
808) 536-4302	203	anlovit@lashaw.org Email Address		
[elephone	Extension	Email Address		
	2) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESE	* 1914 1111	
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EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period

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Check here if addition	onal sheets are attached		
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	FURES OF \$150 OR MORE P	'ER PERSON total sum of \$150 or more per person du	inno the statement period
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one			
Check here if addition	onal sheets are attached		
ADT II. CONTRIBUTION	IS DECEIVED		
ART II. CONTRIBUTION at all contributions received by Io		total sum of \$25 or more per person dun	ing the statement period
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Check here if addition	onal sheets are attached		
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ART III. SUBJECT ARE.		orted or opposed during the statement p	pariod:
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Agriculture	Education	Human Services	Science, Technology & Economic Development
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Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection &	Hawaiian Affairs	Labor & Employment	Transportation
Commerce			
Culture, Arts, Historic	—	Planning, Land & Water	Other (indicate below):
Preservation	Health		
_	Health	Use Management	
Ecology, Energy Environmental Protection	Health Housing		None
Environmental Protection		Use Management	None
Environmental Protection		Use Management	None
Environmental Protection		Use Management Public Safety & Corrections	
	Housing	Use Management	

CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.

FORM LOR (Revised 5/2013)
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